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OUR FILE:	ACE-27052					
TO:	USPTO - Art Unit 3651 Examiner - Rashmi K. Sharma					
FAX NO.:	1-571-273-8300					
FROM:	Tony Edwards/Michelle Hardy					
DATE:	October 6, 2005					
NUMBER OF PAGES (Including cover page):	14					
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RE: United States Patent Application No. 10/808,314 filed March 25, 2004

Attached are a Transmittal Form (PTO/SB/21), Fee Transmittal, Credit card authorization and Response to the Office Action mailed May 9, 2005 for the above-noted US application.

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PTO/SB/21 (02-04)

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o a collection of Information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/321.470 TRANSMITTAL Filing Date March 25, 2004 FORM First Named Inventor Deane R. Henderson Art Unit (to be used for all correspondence after initial filling) 3651 **Examiner Name** Rashmi K. Sharma **Attorney Docket Number** ACE-27052 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) to Group Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to Group Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Affidavlts/declaration(s) Change of Correspondence Address Status Letter Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request ... Identify below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Antony C. Edwards eman laubivibnl Signature Date October 6, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postel Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Michelle Hardy Date Signature October 6, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known								
					Application Number		10/808,314				
FEE TRANSMITTAL			Filing Date		March 25, 2004						
	For F	Y 20	05		First Named Inv	ventor	Deane R. Henderson				
Applicant cl	aims small enti	lv status.	See 37 CFR 1.27	,	Examiner Name	Rashmi	Rashmi K. Sharma				
Applicant claims small entity status. See 37 CFR 1.27			-	Art Unit 3651							
TOTAL AMOUNT OF PAYMENT (\$) 450.00					Attorney Docket No. ACE-27052						
METHOD OF PAYMENT (check all that apply)											
Check ✓ Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number. 502297 Deposit Account Name: Benson Edwards LLP											
For the at	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
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information and au	ithorization on P	TO-2038.									
FEE CALCULA									· ·		
1. BASIC FILIN		ILING FE	EES		CH FEES	EXA	MINATIO	N FEES			
Application 1	Type <u>F</u> r		nall Entity Fee (\$)	Fee (\$)	Small Entity 1 Fee (\$)	Fee		Entity (\$)	Fees Pald (\$)		
Utility			150	500	250	20					
Design	2		100	100	50	130	_	55			
Plant	_		100	300	150	16	-	30			
Reissue	3		150	500	250	60		_			
Provisional	_		100	0	. 250		0 50	0			
2. EXCESS CI			100	•	v		U	_	Small Entity		
Fee Description	<u>on</u>						<u> </u>	ee (\$)	Fee (\$)		
	over 20 (incluendent claim c		issues) icluding Reissue	ea)				50 200	25 100		
	pendent claim		ornering recover	<i>53)</i>				360	180		
Total Claims	<u>Ext</u>	tra Claims	Fee (\$)	Fee	Paid (\$)		<u>M</u>		endent Claims		
	20 or HP =	id for	X if greater than 20.	=				Fee (\$)	Fee Paid (\$)		
Indep. Claims		ns paic ior, i tra Claims	-	Fee	Paid (\$)						
	3 or HP =		x	=							
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE											
If the specific	ation and drav	wings exc	ceed 100 sheets	of par	per (excluding e	electro	nically file	ed sequenc	ce or computer .		
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): Request for 2 mth extension of time to reply(large entity) 450.00											
SUBMITTED BY Signature	يسكند				Registration No.			Tolonbon			
	(Attorney/Agent) +0,200 200 491-0200										
Name (Print/Type)	time (Print/Type) ANTONY C. EDWARDS Date October 6, 2005							ober 6, 2005			

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